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## \*BIBDATASHEET\*

CONFIRMATION NO. 3552

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/612,497	<b>FILING OR 371(c) DATE</b> 07/01/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> ABX-PF1 DIV1
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/472,087 12/23/1999 PAT 6,682,736  
 which claims benefit of 60/113,647 12/23/1998 *OK-I.O.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None-I.O.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 10/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Jha Crespo S.O.</i> Examiner's Signature Initials				

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**TITLE**  
 Methods of expressing and recovering human monoclonal antibodies to CTLA-4

<b>FILING FEE RECEIVED</b> 5546	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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